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Sarrah Spohnholtz
sspohnho@depaul.edu

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Relevance of Sex Education for Women Who Have Sex with Women

DePaul University MENP August 2019- Sarrah Spohnholtz



Problem Statement

Women who have sex with women (WSW) encompasses a large community that is often times made to be invisible within society. There are missing sexual scripts for WSW making it difficult to communicate and negotiate how to have safe sex and engage in the healthcare system. WSW are not given the appropriate resources, knowledge, or materials to engage in safe sex practices or advocate for their health. On top of that, there are minimal amounts of health research focusing on lesbian, bisexual, women who have sex with women and sexual education or health education.

The WSW population was left out of key risk groups for STI studies that only included homosexual/bisexual men and heterosexual women. According to Richardson (2000), “Lesbian sex is disassociated from dominant discourses on HIV and AIDS, sexual health and homosexuality, which focus mainly on gay men”. WSW were left out of the studies which could have led to increased risk of STI due to the lack of knowledge of transmission and risk for WSW. This increased the misperception that WSW are not at risk for STIs due to the lack of health knowledge and sexual script.

It has been found that women who have sex with women have a higher prevalence of bacterial vaginosis than heterosexual women. Oral sex among WSW may also increase the risk of genital infection with HSV type 1 (Ripley, 2011). In a nationwide study of 6,935 self-identified lesbians, 17.2 percent reported a history of STI. In another survey of lesbian and bisexual women, 26 percent reported a past STI. Human papillomavirus occurred among 30 percent of surveyed WSW, including 19 percent of women who had sex only with other women (Gilliam, 2001).

Due to the risk that WSW face when engaging in sex with their partners, it is clear that sex education can aid in STI prevention. Therefore, there is a need for more sexual health information resources specifically targeting women who have sex with women. It was found by Powers et al. (2009) that WSW lack relevant health education to protect themselves and their partners from STIs. Resources for WSW should be explicit and detailed about sexual activities, while clearly explaining how STIs may be transmitted between women and prevented. It is also important to create a new cultural script that encompasses WSW that will make female/female relationships more visible and risks more tangible (Power et al., 2009).

Background

Women who have sex with women (WSW) are a marginalized group within society and the health research community. As a result, there is limited sex education and research on this population leading to increased health disparities such as increased rates bacterial vaginosis, HSV1, HPV, obesity, alcohol and tobacco use, and lack of access to health screenings for gynecological health.

Purpose

The purpose of this integrative literature review is to analyze the impact of sex and health education on women who have sex with women (WSW) in an attempt to improve patient outcomes, healthy literacy, safe health and preventative behaviors, and to increase qualitative research for women within the LGBTQ+ community.

Method

An integrative literature review was conducted using CINAHL, PubMed, and Gender Watch. A search was conducted using these terms: lesbian, bisexual women, or women who have sex with women, safe sex, and sex education.

Findings

Fourteen studies met the inclusion and exclusion criteria. Reports indicated that health educators view WSW as having little to no risk for transmitting HIV, other STIs, and unintended pregnancy; however, this is little concrete research to verify this assumption. There are reports of WSW not having a pap smear within the past 2 years and to have never had a mammogram. There is a large underreporting of STIs among WSW. Compared with the general population of women, lesbians were more likely to report tobacco and alcohol use, being overweight, and also engage in vigorous physical activity.

Sex Education for WSW

“Safer sex is all about protecting yourself and your partners from sexually transmitted infections. Safer sex helps you stay healthy and can even make sex better” (Planned Parenthood, 2019)



Carefully open dental dam and remove from package.

Place dental dam flat to cover vaginal opening or anus.

Throw away used dental dam in trash.

How To Use a Dental Dam

Dental dams are latex or polyurethane sheets used between the mouth and vagina or anus during oral sex. Ready-to-use dental dams can be purchased online (CDC, 2019).

Increased Health Risks of WSW

Most health care concerns for WSW are the same as for any woman, though some risks are overrepresented in the WSW population (Knight, 2017).

| Table 5. Health Conditions to Monitor in WSW | |
|---|---|
| Condition | Comments |
| Mental health Depression, anxiety | Lesbians are more likely to report depression and antidepressant use ²¹ ; mood and anxiety disorders are more common in bisexual women ²¹ ; sexual minority youth in particular face disparities related to depression, social anxiety, and other mental health issues. ²³ |
| Eating disorders Suicide | Lesbian and bisexual girls are at higher risk of eating disorders. ² Risk factors include prejudice or discrimination associated with being LGBT ²¹ ; an analysis of survey data from 2008 reported that 9% of WSW-associated deaths were suicide or intentional self-harm, as opposed to 0.5% of women with only male partners ²⁰ ; bisexual women are more likely to report prior suicide attempts (21.3%) than lesbians (16.7%) and heterosexual females (10.2%). ²⁴ |
| Physical health Cardiovascular disease, type 2 diabetes mellitus, and cancer Intimate partner violence | Risk factors for WSW include obesity, smoking, stress, and lack of preventive care and screening; additional risk factors for breast and ovarian cancers include nulligravidity and low parity. ²² WSW are more likely than heterosexual women to experience rape, physical violence, severe physical violence, and stalking by an intimate partner; most bisexual women indicated their perpetrators were male, but 67.4% of lesbians reported having only female perpetrators. ²⁸ |
| Obesity | A systematic review found that WSW had significantly higher BMIs or a higher percentage with BMIs greater than 30 kg per m ² compared with heterosexual women. ²⁷ |
| STIs General issues | Lesbian youths are one-half as likely to have used condoms during their most recent sexual encounter ¹³ ; young women who identify as lesbian, bisexual, or unsure are more likely to report multiple sex partners, drug use, pregnancy, STIs, and coercion into sexual contact ¹ ; bisexual girls are more likely to have used emergency contraception and to have terminated a pregnancy ²⁹ ; WSW are more likely to have sex with men who have sex with men and to report sex with a male injection drug user. ⁷ |
| Bacterial vaginosis | Not technically an STI, but is associated with sex and common among WSW, with an estimated risk of 25% to 52%; risk factors include new sex partners, a symptomatic partner, and receptive oral sex. ³⁰ |
| Chlamydia | At least one study has found higher positivity among WSW compared with heterosexual women; risk factors include age younger than 20 years and nonwhite race/ethnicity. ⁷ |
| Genital warts | About 12% of WSW report having genital warts ¹⁰ ; more common in bisexual women than lesbians and heterosexual women. ⁷ |
| Gonorrhea | Not normally transmitted by female-female sex, but it could be because it lives in vaginal fluid. ²¹ |
| Hepatitis B | Can be transmitted through bodily fluids, including blood and vaginal fluid. ²¹ |
| HIV | WSW can transmit HIV, but it is rare. ⁷ |
| HPV | Up to 30% of WSW have genital HPV, and about 25% report a history of cervical abnormalities ³¹ ; women with HIV infection have higher rates of HPV ³² ; WSW may not get HPV vaccinations because they believe their risk is low. ³¹ |
| HSV-2 | Up to 36% of women who have ever had same-sex partners have HSV-2 compared with 24% of women who have never had same-sex partners; genital transmission among women is inefficient but possible. ²¹ |
| Syphilis | Syphilis has been reported in WSW, probably through oral sex or genital-genital contact. ¹⁸ |
| Substance use Alcohol and drugs | LGB adolescents have higher rates of substance use, including a higher likelihood of using multiple substances, and increasing usage with age. ¹⁶ |
| Tobacco | The 2012–2013 National Adult Tobacco Survey found that the proportion of bisexual women (36.0%) and lesbians (22.2%) who smoke is significantly higher than heterosexual women (14.3%) ³³ ; WSW begin smoking at a younger age and are three times more likely to smoke e-cigarettes, hookahs, and cigars ³⁴ ; bisexual women in particular start younger, smoke more, and have fewer attempts to quit than heterosexual women. ³³ |

Dental dams are not commonly found in health aisles. However, you can still make your own by using a condom to engage in safer oral sex.



| Addressing Health Barriers and Interventions for Women Who Have Sex with Women | |
|--|--|
| Lack of awareness for community resources | Become familiar with community resources for referral, such as legal assistance including family law and pregnancy/parenting resources. |
| Lack of awareness of WSW health disparities | Conduct training for all staff to become knowledgeable about health care issues that disproportionately affect WSW, including obesity, tobacco use, STIs, substance use, and psychological issues. |
| Alcohol and substance use | Screen for depression and other psychological issues and their effect on safer sex practices. |
| STI Risk and Safe Sex Practices | Assess for STI and HIV risk, including multiple partners and lack of barrier protection. Test and screen for STIs, treat if needed. Education WSW on safe sex practices such as hand hygiene and barrier methods. |
| Lack of focus on routine healthcare | Provide WSW with the same comprehensive health care as for all patients, in addition to targeted care for issues common among WSW. Screen for breast and cervical cancer and intimate partner violence according to the US Preventative Services Task Force guidelines |
| Lack of welcoming environment perceived by WSW | Ensure visibility of WSW within publications, websites, and educational materials. Revise intake-forms and admission questions to include WSW-friendly terms. Provide inclusive LGBTQ training for healthcare staff that includes gender neutral and WSW friendly terminology. |
| Lack of inclusive sex education for WSW | Assess the needs of the community and create an inclusive sex education program to be shared amongst health care providers, staff, and members of the WSW that focuses on safe sex practices for a WSW sexual script. |

Nursing Implications

Nurse educators and public health nurses are needed to go out into the LGBTQ communities to address the many different health needs and to include a sexual script for WSW in health education. With evidence-based design, nurses can develop socially and culturally relevant sex education and health education programs for WSW to address specific health disparities while formulating a sexual script that is inclusive of diverse sexualities.

Nurse advocacy needs to increase to assist in forming an inclusive sexual script to promote safer sex between women. The need for health research and education is expanding as social acceptance grows but the knowledge gap increases. It is important for nurses to advocate through public arenas for these patient populations, to generate accurate research, as well as to provide relevant health education for these communities.

Through increased research and educational programs developed by WSW and nurses; social progress can continue and health literacy will increase. Through nurse education and advocacy for patients, the healthcare system as a whole will benefit through the promotion of health education and safe sex programs for WSW.

Summary

Deliberate and inclusive health education for WSW rooted in evidence-based literature can have an impact by decreasing health disparities and increasing health literacy. In order to create an inclusive healthcare system the research community needs to first identify the needs of the marginalized communities including WSW. With the current limited research on WSW, it is recommended that further research is conducted that includes lesbian women, bisexual women, and transgender and non-binary women that have sex with women. Further more, health education programs should be created to include relevant health topics for WSW, safe sex practices for female partners, and preventative health measures for WSW.

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